

ID - For Official Use Only

C
W**X. Description of Hazardous Wastes (continued from front)**

A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

C. Commercial Chemical Product Wastes (U and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Below each number, enter monthly generation amount in pounds and frequency A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

D. (Reserved)

E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'x' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

AMOUNT AND
FREQUENCY1. Ignitable
(0001)

30

lbs.

A

2. Corrosive
(0002)

lbs.

3. Reactive
(0003)

lbs.



4. Toxic Enter the four-digit number which identifies each characteristic toxic waste. Below each number enter the monthly generation amount and frequency.

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

MISSOURI REQUIRED INFORMATION

MO Generator ID Number _____

Principle Business Activity _____

S.I.C. Code (leave blank if uncertain) Check this box if you generate/accumulate less than a regulated quantity ☐**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

X *Roger C. Thomas*

Name And Official Title (Type Or Print)

X ROGER C. THOMAS

OPERATIONS
MANAGER

Date Signed

4-13-89